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## **HEALTH STATUS DISPARITIES**

Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases that are particularly endemic to specific population groups in the U.S. Factors that contribute to health disparities include poverty, culture, health care access, genetics, and lifestyle. By the year 2010, the goal of the U.S. is to eliminate the disparities in the following six areas of health status: 1) infant mortality, 2) cancer screening and management, 3) cardiovascular disease, 4) diabetes, 5) HIV infection/AIDS, and 6) immunizations. These six areas were chosen because they reflect areas of disparity that affect multiple racial and ethnic minority groups at all stages of life. Contributing factors to health status disparities include poverty, culture, health care access, genetics, and lifestyle.

The Bureau of Primary Health Care (BPHC), HRSA is currently working to eliminate health disparities. In order to accomplish this, BPHC has created a plan called the 100 Percent Access, Zero Health Disparities Campaign. This plan seeks to guarantee that all Americans get the treatment they need by coordinating efforts at the federal, state, and local levels. It identifies communities that have had success in eliminating health disparities and then attempts to match those successful communities with other communities so that their best practices can be duplicated. In this way, BPHC hopes to systematically eliminate health status disparities community by community.

**N.B. A master copy of each journal article in this Bulletin is available for photocopy at each Library**

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1. AHA BACKS BILL TO END KEY DISPARITIES. Bellandi, D. *Modern Healthc* 30:26 6 Mar '00.
2. ANOTHER APPROACH TO LEARNING ABOUT HEALTH DISPARITIES: WORKING TOWARD INDIVIDUALIZED THERAPY. Slavkin, HC. *J Am Dent Assoc* 131:236-40, Feb '00.
3. DELAY IN TREATING SCHIZOPHRENIA MAY NARROW THERAPEUTIC WINDOW OF OPPORTUNITY. Stephenson, J. *JAMA* 283:2091-3, 26 Apr '00.
4. ELIMINATING RACIAL AND ETHNIC DISPARITIES IN HEALTH: THE ROLE OF THE TEN LEADING HEALTH INDICATORS. Satcher, D. *J Natl Med Assoc* 92:315-8, July '00.
5. ELIMINATING RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE. Gonzalez, RI. *Am J Nurs* 100:56-8, Mar '00.
6. HEALTH INEQUALITIES AND THE HEALTH OF THE POOR: WHAT DO WE KNOW? WHAT CAN WE DO? Gwatkin, DR. *Bull World Health Organ* 78: (1)3-17, '00.
7. HOMELESSNESS: REDUCING HEALTH DISPARITIES. Plumb, JD. *Can Med Assoc* 163:172-3, 25 July '00.
8. INEQUALITY IN QUALITY. Fiscella, K. *JAMA* 283:2579-84, 17 May '00.
9. RACE AND MORTALITY. Scanlan, JP. *Trans Modern Soc Sci Society* 37:29-35, Jan-Feb '00.
10. SOCIOECONOMIC DISPARITIES IN HEALTH IN THE US: AN AGENDA FOR ACTION. Moss, N. *Soc Sci Med* 51:1627-38, Dec '00.

### CHOLESTEROL SCREENING IN WOMEN

Cholesterol screening is used to detect high cholesterol that can lead to coronary heart disease (CHD) and therefore, can identify patients who are most at risk for this disorder. The literature indicates that women account for half of all CHD deaths in the U.S. In fact, CHD is the leading cause of death in postmenopausal women. Research indicates that authorities differ on the best cholesterol screening strategy for women. However, periodic screening beginning in middle age can identify most women who are at risk for CHD. AHRQ has recently funded a study which provides cholesterol screening recommendations for women.

11. ACCURACY OF PATIENTS RECALL OF PAP AND CHOLESTEROL SCREENING. Newell, S. *Am J Public Health* 90:1431-5, Sep '00.
12. ARE WOMEN DISCRIMINATED AGAINST FOR LIPID LOWERING THERAPY? RESULTS FROM A PROSPECTIVE COHORT OF WOMEN WITH CORONARY ARTERY DISEASE. Lloyd, G. *Int J Clin Prac* 54:217-9, May '00.
13. CHANGES IN SERUM TOTAL CHOLESTEROL LEVELS OVER 18 YEARS IN A COHORT OF MEN AND WOMEN: THE NIJMEGEN COHORT STUDY. Bakx, JC. *Prev Med* 30:138-45, Feb '00.
14. CORRELATES OF HIGH HDL CHOLESTEROL AMONG WOMEN WITH CORONARY HEART DISEASE. Bittner, V. *Am Heart J* 139:288-96, Feb '00.
15. DIFFERENT EFFECT OF NATIONAL CHOLESTEROL EDUCATION PROGRAM (NCEP) STEP II DIET ON HDL CHOLESTEROL, ITS SUBFRACTIONS, AND APOPROTEIN A-1 LEVELS IN HYPERCHOLESTEROLEMIC WOMEN AND MEN AFTER 1 YEAR. THE BEFIT STUDY. Walden, CE. *Arterioscler Thromb Vasc Biol* 20:1580-7, June '00.
16. ELEVATED HDL CHOLESTEROL IS A RISK FACTOR FOR ISCHEMIC HEART DISEASE IN WHITE WOMEN WHEN CAUSED BY A COMMON MUTATION IN THE CHOLESTEROL ESTER TRANSFER PROTEIN GENE. Agerholm-Larsen, B. *Circulation* 101:1907-12, Apr '00.
17. LIPID MANAGEMENT AND CONTROL OF OTHER CORONARY RISK FACTORS IN THE POSTMENOPAUSAL WOMAN. Wenger, ND. *J Women's Health Gender-Based Med* 9 (3):235-43, '00.
18. LIPID SCREENING IN WOMEN. Atkins, D. *J Am Med Women's Assoc* 55:234-40, Sum '00.
19. PLASMA LIPID AND LIPOPROTEIN RESPONSIVENESS TO DIETARY FAT AND CHOLESTEROL IN PREMENOPAUSAL AFRICAN AMERICAN AND WHITE WOMEN. Gerhard, GT. *Am J Clin Nutr* 72:56-63, July '00.
20. STUDIES POINT THE WAY TO CHOLESTEROL SCREENING RECOMMENDATIONS FOR WOMEN. *AHRQ Res Activities* 242:8-9, Oct '00.

## COMMUNITY HEALTH CENTERS

Community health centers are the federal government's mechanism for attempting to secure access to primary care for medically underserved areas and the medically uninsured. Their goal is to achieve radical, measurable improvement in health status and long-term quality of life. The literature indicates that to achieve this goal, effective local and regional collaborations between medical care providers, public health agencies, managed care organizations, and community health centers must be in place. Research suggests that improved health status will be achieved if all sectors of the community—health care organizations, voluntary agencies, educators, businesses, and citizens come together to build healthier environments. HRSA's Community Health Centers Program provides family-oriented health services tailored to the needs of the community it serves.

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| <p>21. AN ACADEMIC PRACTICE'S TRANSITION TO THE BUSINESS OF MEDICINE IN THE COMMUNITY. Griffin, SL. <i>Med Group Manage J</i> 47:34-40, July-Aug '00.</p>             | <p>25. PREVENTIVE SERVICE OUTCOMES IN THREE GOVERNMENT FUNDED HEALTH CENTERS. Smith-Campbell, B. <i>Fam Community Health</i> 23:18-28, Apr '00.</p>  |
| <p>22. THE EFFECTIVENESS OF A COMMUNITY-LEVEL HIV/STD PREVENTION PROGRAM IN A THREE-COUNTY RURAL AREA. Anderko, L. <i>Fam Community Health</i> 23:46-58, Oct '00.</p> | <p>26. PRIMARY CARE SAFETY-NET DELIVERY SITES IN THE UNITED STATES. Forrest, CB. <i>JAMA</i> 284:2077-83, 25 Oct '00.</p>  |
| <p>23. ETHICS IN COMMUNITY MENTAL HEALTH CARE. Marty, DA. <i>Community Ment Health J</i> 36:545-56, Dec '00.</p>  | <p>27. PROMOTING ELDER WELLNESS THROUGH A COMMUNITY-BASED BLOOD PRESSURE CLINIC. Shellman, J. <i>Public Health Nurs</i> 17:257-63, July-Aug '00.</p>   |
| <p>24. KEY COMPONENTS OF A STATEWIDE HEALTHY COMMUNITIES EFFORT. Lee, PR. <i>Public Health Rep</i> 115:134-8, May-June '00.</p>                                       | <p>28. REEXAMINING PREVENTIVE HEALTH STANDARDS FOR WOMEN IN A NEW CENTURY: SUCCESSFUL SCREENING STRATEGIES OF ONE COMMUNITY-BASED HEALTH CENTER. Kotarski, BR. <i>Women's Health Issues</i> 10:294-9, Nov-Dec '00.</p> |

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| <p>29. UNEASY ALLIANCES: MANAGED CARE PLANS FORMED BY SAFETY-NET PROVIDERS. Sparer, MS. <i>Health Affairs</i> 19:23-35, July-Aug '00.</p> | <p>30. WORKING TOGETHER? ORGANIZATIONAL AND MARKET DETERMINANTS OF COLLABORATION BETWEEN PUBLIC HEALTH AND MEDICAL CARE PROVIDERS. Halverson, PK. <i>Am J Public Health</i> 90:1913-6, Dec '00.</p> |
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### LONG-TERM CARE

Long-term care is assistance given to people of any age who require preventive, diagnostic, therapeutic and supportive services on a recurring or continuous basis. The literature indicates that of the 12 million Americans who need long-term care, about one-half are over and one-half are under age 65. Common conditions of the long-term care population that undermine their ability to care for themselves properly include mental illness, mental retardation, arthritis, stroke, and heart failure. Since the likelihood of needing long-term care rises with age, associated health care costs of an aging population are expected to challenge the financing of services. Research indicates that long-term care expenses for the elderly will total \$123 billion in 2000, \$207 billion in 2020, and \$346 billion in 2040. The NCHS has published data on long-term care in Advance Data (Number 312, April 25, 2000).

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| <p>31. COMPLICATED UTI. EFFECTIVE TREATMENT IN THE LONG-TERM CARE SETTING. McCue, JD. <i>Geriatrics</i> 55:48, 51-2, 55-8, Sep '00.</p>              | <p>34. THE EFFECT OF LONGEVITY ON SPENDING FOR ACUTE AND LONG-TERM CARE. Spillman, BC. <i>N Engl J Med</i> 342:1409-15, 11 May '00.</p>       |
| <p>32. DOES DIAGNOSTIC INFORMATION CONTRIBUTE TO PREDICTING FUNCTIONAL DECLINE IN LONG-TERM CARE? Rosen, A. <i>Med Care</i> 38:647-59, June '00.</p> | <p>35. ENSURING ACCESS TO LONG-TERM CARE. <i>Caring</i> 19:46-7, June '00.</p>  |
| <p>33. THE EFFECT OF LONG-TERM CARE ENVIRONMENTS ON HEALTH OUTCOMES. Pruchno, RA. <i>Gerontologist</i> 40:422-8, Aug '00.</p>                        | <p>36. HOSPITAL PROVISION OF INSTITUTIONAL LONG-TERM CARE: PATTERN AND CORRELATES. Muramatsu, N. <i>Gerontologist</i> 40:557-67, Oct '00.</p> |

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| <p>37. INSURANCE FOR LONG-TERM CARE PROMISES PEACE OF MIND, BUT AT A DEAR PRICE. Wiener, L. <i>U S News World Rep</i> 128:81-5, 5 June '00.</p> <p>38. LONG-TERM CARE IN THE UNITED STATES: AN OVERVIEW. Feder, J. <i>Health Aff</i> 19:40-56, May-June '00.</p> | <p>39. MANAGED CARE AND MULTILEVEL LONG-TERM CARE PROVIDERS: RELUCTANT PARTNERS. Wallace, SP. <i>Gerontologist</i> 40:197-205, Apr '00.</p> <p>40. MEASUREMENT: THE KEY TO SUCCESS FOR PROVIDERS, PAYORS, AND PATIENTS IN LONG-TERM CARE. Russo, HE. <i>Caring</i> 19:28-33, June '00.</p> |
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### MATERNAL SMOKING DURING PREGNANCY

Studies have shown that maternal smoking during pregnancy causes several health-related problems to infants which include: sudden infant death syndrome, premature birth and reduced birth weight. The literature indicates that conduct disorder and drug abuse are also linked to maternal smoking during pregnancy. Research indicates that risk for adolescent drug abuse in girls was more than five times greater if their mothers smoked more than ten cigarettes a day during pregnancy. Adolescent boys whose mothers smoked more than ten cigarettes a day were four times more likely to have conduct disorder. Gender differences in conduct disorder and drug abuse are speculated to be related to sex differences in prenatal brain development. NIDA is sponsoring research in order to find what effects maternal smoking during pregnancy has on the infant.

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| <p>41. ACTIVE AND PASSIVE SMOKING DURING PREGNANCY AND RISK OF CENTRAL NERVOUS SYSTEM TUMOURS IN CHILDREN. Filippini, M. <i>Pediatr Perinatal Epidemiol</i> 14:78-84, Jan '00.</p> <p>42. DRUG ABUSE AND CONDUCT DISORDER LINKED TO MATERNAL SMOKING DURING PREGNANCY. Varisco, R. <i>NIDA Notes</i> 15 (5):5, '00.</p> | <p>43. THE INFLUENCE OF MATERNAL SMOKING DURING PREGNANCY ON THE TODDLER'S NEGATIVITY. Brook, JS. <i>Arch Pediatr Adolesc Med</i> 154:381-5, Apr '00.</p> <p>44. MATERNAL SMOKING AFFECTS FETAL GROWTH MORE IN THE MALE FETUS. Zafen, B. <i>Pediatr Perinatal Epidemiol</i> 14:118-26, Apr '00.</p> |
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45. MULTIPLE MALFORMATIONS AND MATERNAL SMOKING. Källén, K. *Pediatr Perinatal Epidemiol* 14:227-33, July '00.
46. THE STABILITY OF PREGNANCY INTENTIONS AND PREGNANCY-RELATED MATERNAL BEHAVIORS. Joyce, T. *Maternal Child Health J* 4:171-8, Sep '00.
47. TONE ABNORMALITIES ARE ASSOCIATED WITH MATERNAL CIGARETTE SMOKING DURING PREGNANCY IN UTERO COCAINE-EXPOSED INFANTS. Dempsey, DA. *Pediatrics* 106:79-85, July '00.
48. THE TRANSTHEORETICAL MODEL OF SMOKING: COMPARISON OF PREGNANT AND NONPREGNANT SMOKERS. Ruggiero, L. *Addict Behav* 25 (2):239-51, '00.
49. TWELVE-MONTH FOLLOW-UP OF A SMOKING RELAPSE PREVENTION INTERVENTION FOR POSTPARTUM WOMEN. Ratner, PA. *Addict Behav* 25 (1):81-92, '00.
50. WOMEN & NICOTINE. McMillen, B. *Professional Counselor* 15:40-1, Aug '00.

### TELEPSYCHIATRY

Telepsychiatry is a specialized form of telemedicine where videoconferencing is used by psychiatric practitioners to communicate with patients who are located in rural or geographically remote communities. The literature indicates that recent studies have strongly supported telepsychiatry's efficiency, cost-effectiveness, and high diagnostic reliability. Telepsychiatry has the potential to benefit patients by increasing access to services, offering earlier assessment and treatment, improving continuity of care, and saving patients' time and travel costs. Research indicates that the willingness of patients to receive services through telepsychiatry is uncertain. There is a reluctance on the part of some patients to use telepsychiatry because of concerns about confidentiality, the impersonal nature of the contact, a lack of knowledge about the technology, and problems with vision and hearing. NIMH is currently funding research on the acceptability of using telepsychiatry in group psychotherapy for post-traumatic stress disorder.

51. ACCEPTABILITY OF TELEPSYCHIATRY TO A RURAL POPULATION. Rohland, BM. *Psychiatr Serv* 51:672-4, May '00.
52. A COMMUNITY-BASED APPROACH TO EVALUATION OF HEALTH OUTCOMES AND COSTS FOR TELE-PSYCHIATRY IN A RURAL POPULATION: PRELIMINARY RESULTS. Kennedy, C. *J Telemed Telecare* 6 (Suppl 1): 155-7, '00.
53. AN EVALUATION OF THE TELEPSYCHIATRY PROGRAMME IN VICTORIA, AUSTRALIA. Buist, A. *J Telemed Telecare* 6 (4):216-21, '00.
54. INTERACTIVE TELEVISION FOR AN URBAN ADULT MENTAL HEALTH SERVICE: THE GUY'S PSYCHIATRIC INTENSIVE CARE UNIT TELEPSYCHIATRY PROJECT. Haslam, R. *J Telemed Telecare* 6 (Suppl 1): 50-2, '00.
55. SATISFACTION OF FORENSIC PSYCHIATRIC PATIENTS WITH REMOTE TELEPSYCHIATRIC EVALUATION. Brodey, BB. *Psychiatr Serv* 51:1305-7, Oct '00.
56. TELEPSYCHIATRIC CONSULTATION FOR ADHD IN THE PRIMARY CARE SETTING. *J Am Acad Child Adolesc Psychiatry* 39:15-6, Jan '00.
57. TELEPSYCHIATRY: ADDRESSING MENTAL HEALTH NEEDS IN GEORGIA. Vought, RG. *Community Ment Health J* 36:525-36, Oct '00.
58. TELEPSYCHIATRY EVALUATION IN THE NORTH-WEST OF ENGLAND: PRELIMINARY RESULTS OF A QUALITATIVE STUDY. May, C. *J Telemed Telecare* 6 (Suppl 1):20-22, '00.
59. TELEPSYCHIATRY FOR POST-TRAUMATIC STRESS DISORDER. Deitsch, SE. *J Telemed Telecare* 6 (3): 184-6, '00.
60. TELEPSYCHIATRY FOR THE MANAGEMENT OF A LIVER TRANSPLANTATION CANDIDATE IN THE PRIMARY CARE SETTING. Hilty, DM. *Gen Hosp Psychiatry* 22:122-3, Mar-Apr '00.



## SELECTED NEW ACQUISITIONS

To permit review of all books and reports in this list, they will not be circulated until three weeks from the date of this Bulletin. All materials are available for review on the NEW BOOKS display shelf near the Service Desk of the Library. You may reserve any book simply by completing the yellow strip form available on the display shelf.

### DRUG ABUSE

WM        ADDICTIONS AND  
176        NATIVE AMERICANS.  
F8884     French, Laurence. Westport,  
            CT, Praeger, 2000, 180 p.

W        BREAKTHROUGH  
132.1     PERFORMANCE:  
M3599    ACCELERATING THE  
            TRANSFORMATION OF  
            HEALTH CARE  
            ORGANIZATIONS. San  
            Francisco, CA, Jossey-Bass,  
            Publishers, 2000, 321 p.

### HEALTH PLANNING

W        AMERICA'S HEALTH  
250AA1   CARE SAFETY NET:  
A5127    INTACT BUT  
            ENDANGERED.  
            Washington, DC, National  
            Academy Press, 2000, 281 p.

WA       BUILDING HEALTHY  
590       COMMUNITIES THROUGH  
H1368    MEDICAL-RELIGIOUS  
            PARTNERSHIPS. Hale, W.  
            Daniel. Baltimore, MD, Johns  
            Hopkins University Press,  
            2000, 154 p.

W        BEYOND MANAGED  
84AA1   CARE: HOW CONSUMERS  
B4689    AND TECHNOLOGY ARE  
            CHANGING THE FUTURE  
            OF HEALTH CARE. San  
            Francisco, CA, Jossey-Bass,  
            2000, 335 p.

W        DECISION MAKING IN  
84.1     HEALTH CARE: THEORY,  
D3573    PSYCHOLOGY, AND  
            APPLICATIONS. New York,  
            NY, Cambridge University  
            Press, 2000, 438 p.

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| <p>WA<br/>105<br/>F78</p>     | <p>DESIGNING HEALTH CARE FOR POPULATIONS: APPLIED EPIDEMIOLOGY IN HEALTH CARE ADMINISTRATION. Fos, Peter J. San Francisco, CA, Jossey-Bass Publishers, 2000, 302 p.</p> | <p>WM<br/>30<br/>M528731</p> | <p>MENTAL HEALTH CARE ADMINISTRATION: A GUIDE FOR PRACTITIONERS. Ann Arbor, MI, University of Michigan Press, 2000, 264 p.</p>  |
| <p>WX<br/>153<br/>W6365</p>   | <p>THE ELUSIVE QUEST: ACCOUNTABILITY IN HOSPITALS. Wiener, Carolyn L. New York, NY, Aldine de Gruyter, 2000, 256 p.</p>   | <p>W<br/>85<br/>R2592</p>    | <p>REFRAMING HEALTH BEHAVIOR CHANGE WITH BEHAVIORAL ECONOMICS. Mahwah, NJ, Lawrence Erlbaum, 2000, 417 p.</p>   |
| <p>W<br/>26.5<br/>T1535</p>   | <p>HEALTH MANAGEMENT INFORMATION SYSTEMS. 2nd ed. Tan, Joseph K.H. Gaithersburg, MD, Aspen Publishers, 2001, 380 p.</p>   | <p>WY<br/>115<br/>R1826</p>  | <p>REMODELING HOME CARE: MAKING THE TRANSITION FROM FEE-FOR-SERVICE TO MANAGED CARE. Rappaport, Meryl. New York, NY, Garland Publishing, 2000, 269 p.</p>                               |
| <p>WX<br/>173<br/>H349713</p> | <p>HEALTHCARE INFORMATION SYSTEMS: CHALLENGES OF THE NEW MILLENNIUM. Hershey, PA, Idea Group Publishing, 2000, 243 p.</p>   | <p>WA<br/>400<br/>S1288</p>  | <p>SAFE WORK IN THE 21ST CENTURY: EDUCATION AND TRAINING NEEDS FOR THE NEXT DECADE'S OCCUPATIONAL SAFETY AND HEALTH PERSONNEL. Washington, DC, National Academy Press, 2000, 242 p.</p> |
| <p>WY<br/>115<br/>H752</p>    | <p>HOME CARE ADVANCES: ESSENTIAL RESEARCH AND POLICY ISSUES. New York, NY, Springer, 2000, 264 p.</p>   | <p>WA<br/>590<br/>S495</p>   | <p>SETTINGS FOR HEALTH PROMOTION: LINKING THEORY AND PRACTICE. Thousand Oaks, CA, Sage Publications, 2000, 373 p.</p>   |

**MEDICAL & ALLIED SCIENCES**

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| <p>WL<br/>300<br/>I595</p>  | <p>BRIDGING DISCIPLINES<br/>IN THE BRAIN,<br/>BEHAVIORAL,<br/>AND CLINICAL<br/>SCIENCES. Institute of<br/>Medicine. Washington, DC,<br/>National Academy Press,<br/>2000, 130 p.</p>   | <p>WZ<br/>345<br/>E84</p>    | <p>ETHICAL ISSUES IN<br/>BIOMEDICAL<br/>PUBLICATION. Baltimore,<br/>MD, Johns Hopkins<br/>University Press, 2000, 374 p.</p>                                |
| <p>WA<br/>320<br/>C5693</p> | <p>CLASSIC PAPERS IN<br/>CHILD ABUSE. Thousand<br/>Oaks, CA, Sage Publications,<br/>2000, 359 p.</p>   | <p>WB<br/>102<br/>E933</p>   | <p>EVIDENCE-BASED<br/>MEDICINE: HOW TO<br/>PRACTICE AND TEACH<br/>EBM. 2nd ed. New York,<br/>NY, Churchill Livingstone,<br/>2000, 261 p.</p>                |
| <p>WB<br/>890<br/>C7387</p> | <p>COMPLEMENTARY<br/>THERAPIES FOR<br/>PHYSICAL THERAPISTS.<br/>Boston, MA, Butterworth-<br/>Heinemann, 2000, 301 p.</p>   | <p>WQ<br/>175<br/>S9247</p>  | <p>EXPECTING TROUBLE:<br/>THE MYTH OF PRENATAL<br/>CARE IN AMERICA.<br/>Strong, Thomas H. New<br/>York, NY, New York<br/>University Press, 2000, 243 p.</p> |
| <p>WF<br/>300<br/>I615</p>  | <p>ENDING NEGLECT: THE<br/>ELIMINATION OF<br/>TUBERCULOSIS IN THE<br/>UNITED STATES.<br/>Washington, DC, National<br/>Academy Press, 2000, 269 p.</p>  | <p>WC<br/>536<br/>H41061</p> | <p>HEPATITIS C. San Diego,<br/>CA. Academic, 2000, 493 p.</p>   |
| <p>WA<br/>788<br/>F8799</p> | <p>THE ENVIRONMENTAL<br/>PENDULUM: A QUEST<br/>FOR THE TRUTH ABOUT<br/>TOXIC CHEMICALS,<br/>HUMAN HEALTH, AND<br/>ENVIRONMENTAL<br/>PROTECTION. Freeze, R.<br/>Allan. Berkeley, CA,<br/>University of California Press,<br/>2000, 323 p.</p> | <p>WB<br/>925<br/>H41311</p> | <p>HERBAL MEDICINE: A<br/>CONCISE OVERVIEW FOR<br/>PROFESSIONALS. Boston,<br/>MA, Butterworth-Heinemann,<br/>2000, 120 p.</p>                               |
|                             |  | <p>WA<br/>30<br/>I29</p>     | <p>ILLNESS AND THE<br/>ENVIRONMENT: A<br/>READER IN CONTESTED<br/>MEDICINE. New York, NY,<br/>New York University Press,<br/>2000, 476 p.</p>               |

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|----------------------|---|---------------------|---|
| QU<br>145<br>N959613 | NUTRITION AND<br>IMMUNOLOGY:<br>PRINCIPLES AND<br>PRACTICE. Totowa, NJ,<br>Humana Press, 2000, 505 p.   | WA<br>18.2<br>M846  | A STUDY GUIDE TO<br>EPIDEMIOLOGY AND<br>BIOSTATISTICS. 5th ed.<br>Morton, Richard F.<br>Gaithersburg, MD, Aspen<br>Publishers, 2001, 208 p.           |
| QT<br>255<br>P137    | PAEDIATRIC EXERCISE<br>SCIENCE AND MEDICINE.<br>Oxford, ENG, Oxford<br>University Press, 2000, 472 p.   | WO<br>100<br>G823   | SURGERY: FACTS AND<br>FIGURES. Green, James.<br>London, ENG, Greenwich<br>Medical Media, 2000, 387 p.   |
| WA<br>105<br>P7597   | THE POLITICS OF<br>EMERGING AND<br>RESURGENT INFECTIOUS<br>DISEASES. New York, NY,<br>St. Martin's Press, 2000,<br>223 p.   | WM<br>33AC2<br>G458 | TOBACCO WAR: INSIDE<br>THE CALIFORNIA<br>BATTLES. Glantz, Stanton<br>A. Berkeley, CA, University<br>of California Press, 2000,<br>469 p.              |
| WB<br>141<br>W9562   | RATIONAL DIAGNOSIS<br>AND TREATMENT:<br>EVIDENCE-BASED<br>CLINICAL DECISION-<br>MAKING. 3rd ed. Wulff,<br>Henrik R. Malden, MA,<br>Blackwell Science, 2000,<br>221 p.   | WJ<br>146<br>C1795  | URINARY INCONTINENCE<br>IN PRIMARY CARE.<br>Cardozo, Linda. Oxford,<br>ENG, Isis Medical Media,<br>2000, 136 p.                                       |
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## GUIDE TO LIBRARY RESOURCES

**CHILDREN IN THE STATES.** Children's Defense Fund, Washington DC, 2000. Ref-Gen HV 741 C437938

This source contains information related to children on state and local levels. In addition to presenting statistics in a uniform format, states are ranked on several categories which include:

- Health insurance for children
- Babies born to mothers who received early prenatal care
- Low birth weight
- Infant mortality
- Immunizations
- Percent of children living in poverty
- Teen birthrate

**WEISS RATINGS' GUIDE TO HMOS AND HEALTH INSURERS.** Weiss Ratings, Inc., Palm Beach Gardens, FL, 2000. Ref-Gen W275AA1 W4366

This is a comprehensive rating of over 1,200 health insurers, including all Blue Cross/Blue Shield plans and over 500 health maintenance organizations. In a recent study, the General Accounting Office concluded that Weiss was the most accurate of all five insurance rating agencies. Ratings are from A (the best) to F (the lowest). Other information includes:

Major rating factors	Principal businesses
Number of physicians	Enrollment
Principal investments	Provider compensation
Total member encounters	Group affiliation
State licensure	Address
Phone number Dominant state	
Commenced business	

## PREVIOUS CURRENT TOPICS

Previous current topics can be obtained upon request

Topic	Bulletin No.	Date
Childhood Immunization	491	October 2000
Cognitive Behavior Therapy for Mental Disorders		
Congestive Heart Failure		
Health Insurance Coverage for New Genetic Technologies		
National Household Survey on Drug Abuse		
Organ Donation		
Reinventing Government		
Adolescent Substance Abuse	492	November 2000
Child Abuse Reporting		
Chronic Obstructive Pulmonary Disease (COPD)		
Family-Focused Substance Abuse Prevention Programs		
Gender Differences in Mental Illness		
Physician Supply in Rural Communities		
Reinventing Government	493	December 2000
Specialized Library Collections		
Managed Care		
Women's Health		

**LIBRARY CLIENTELE**

The Parklawn Health Library System serves the following components of the Department of Health and Human Services (HHS):

- Administration for Children and Families
- Administration on Aging
- Agency for Healthcare Research and Quality
- HHS Regional Offices
- Health Resources and Services Administration
- Indian Health Service
- National Center for Health Statistics
- National Institute of Mental Health
- National Institute on Drug Abuse
- Office of the Secretary
- Office of Public Health and Science
- Program Support Center
- Substance Abuse and Mental Health Services Administration

## **LIBRARY MISSION**

The Parklawn Health Library, the NCHS Staff Research Library, and the Information Resources Center plan, develop, and administer a national research collection and innovative information programs in direct support of the Department of Health and Human Services.

## **LIBRARY COLLECTION**

The Scope of the collection includes the delivery of health care, health administration, health policy, health services research, health promotion and disease prevention, computer sciences, management sciences, medical sociology, health statistics, international health, epidemiology, public health, mental health, psychiatry and neurology, and substance abuse.

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